



National Continued Competency Program



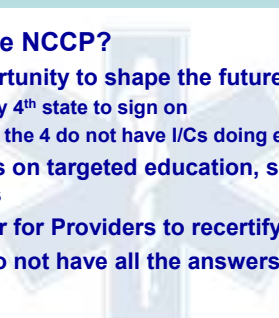

I/C and Training Officer Rollout
November 12, 2014

Introductions and Housekeeping


Why the NCCP?

- Opportunity to shape the future
 - Only 4th state to sign on
 - 3 of the 4 do not have I/Cs doing education
- Focus on targeted education, so reduces hours
- Easier for Providers to recertify
- We do not have all the answers, yet...

NCCP

- **Recertification is a personal responsibility**
- **No change to TO/Supervisor or MD responsibility**
 - TO/Sup still responsible for reviewing and signing off on accuracy
 - MD still responsible for skills verification
- **Your part of the process is important**




Recertification verification

As Physical Medical Director of EMS Programs, I am hereby affirming my signature attesting to the continued competence of all the EMS certified State.


Physician Medical Director Signature (must be original signature)	Title	Date Signed
<small>I hereby affirm that all statements on this EMS Professional Recertification Application are true and correct. I am taking the copies of skills verification and NREMT Paramedic educational attainment. It is understood that falsification of documents may be sufficient cause for revocation by NREMT. It is also understood that NREMT may conduct an audit of the recertification activities listed at any time.</small>		
<small>Your Signature (must be original signature)</small> <small>Date Signed</small>	<small>Signature of Training Officer/Supervisor (must be original signature)</small> <small>Date Signed</small>	

RESPONSIBILITIES OF SUBMISSION
 Recertification is considered an individual's personal responsibility.
 If you expect your employer to complete and submit their application and processing fee, and they fail to do so, your certification will lapse.

APPROVING SIGNATURES:
 The Training Officer/Supervisor must sign the application reviewing the EMS Professional's refresher/continuing education. The EMS Professional cannot verify his/her own education skills.
 Applicant should obtain all the necessary signatures before submitting the application.



What is NCCP?



What is NCCP?

- **OPTIONAL PILOT PROGRAM**
- **Redefines how we distribute and obtain our continuing education for recertification**
- **Reduces the number of con-ed hours Providers must attend in order to recertify in favor of “competencies”**



What is NCCP?

- **There is a high degree of flexibility with the NCCP**
- **Units, TOs, I/Cs and Providers have a wide range of delivery options to choose from**



History of NCCP

- **North Dakota and Massachusetts have been piloting for the past year.**
- **New Hampshire began exploring the pilot in November 2013**
- **NREMT presented pilot to MCB, CB, I/Cs in May 2014**
- **NREMT, Bureau staff, Instructor Cabinet explored different options**



What is NCCP?

- **EMR – 16 total hours**
- **EMT – 40 total hours**
- **AEMT – 50 total hours**
- **Paramedic – 60 total hours**
- **For Transitioned Providers ONLY**
- **Traditional students must still complete 72 hours**



The NCCP Model

Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours
Emergency Medical Responder	8	8	0	16
Emergency Medical Technician	20	18	2	40
Advanced EMT	25	17.5	7.5	50
Paramedic	30	18	12	60

1. Total of 72 hours may be completed through alternative means (NCCR, LCCR, ICCR) to total 72 hours. Response: 1-00



What is NCCP?

- **Consists of three separate sections**
 - **National Requirements (NCCR)**
 - **Local Requirements (LCCR)**
 - **Individual Requirements (ICCR)**



National Requirements (NCCR)

- Determined by the NREMT Board of Directors based upon widespread input from EMS researchers, EMS physician and EMS provider stakeholders.
- Comprises 50% of the overall requirements necessary to recertify
- No I/C required



The NCCP Model

Provider Level	National Requirements (NCCR)	Local Requirements (LCR)	Individual Requirements (ICR)	Total Hours*
Emergency Medical Responder	8	4	4	16
Emergency Medical Technician	20	10	10	40
Advanced EMT	25	11.5	11.5	48
Paramedic	30	18	18	66

* Total of all hours required for recertification through continuing education (NREMT, 2013). NREMT, 2013. NREMT, 2013. NREMT, 2013.



National Requirements (NCCR)

- 50% of the total number of con-ed hours
 - EMR – 8 hours
 - EMT – 20 hours
 - AEMT – 25 hours (EMT NCCR + 5 hours ALS)
 - Paramedic – 30 hours



National Topics

- Evidence-based medicine
- Any changes in the National EMS Scope of Practice Model
- Science-related position papers that affect EMS patient care
- Topics which cover patient care tasks that have low frequency yet high criticality
- Articles which improve knowledge to deliver patient care.



National Topics (examples)

- CPR
- Recognition of ROSC
- Induced Hypothermia
- Synthetic Stimulants
- Synthetic THC
- Excited Delirium
- Tourniquets
- Public Health - pandemics
- Human Trafficking



Local Requirements (LCCR)

- Developed and delivered at the State and local EMS level.
- Represents 25% of the necessary requirements for all provider levels
- No I/C required



The NCCP Model

Provider Level	National Requirements (NCCP)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours**
Emergency Medical Responder	8	4	4	16
Emergency Medical Technician	20	10	10	40
Advanced EMT	25	12.5	12.5	50
Paramedic	30	15	15	60

** Total of hours may vary based on local requirements (e.g., 24-hour shift, 24-hour shift, 24-hour shift)



Local Requirements (LCCR)

- **25% of the total number of con-ed hours**
 - EMR – 4 hours
 - EMT – 10 hours
 - AEMT – 12.5 hours
 - Paramedic – 15 hours



Local Topics

- **Chosen by State EMS Office (with stakeholder input) and local authorities**
- **Topics may include**
 - Changes in protocols
 - Tasks which require remediation based upon a quality assurance system
 - Topics noted to be of importance based upon run data reported to the National EMS Information Systems



Local Topics

- Exploring Stakeholder group to be assembled to research and recommend Local Topics. Examples of stakeholders:
 - Data Managers
 - Medical Directors
 - Regional Council Representatives
 - Training Officers
 - Instructor/Coordinators



Local Topics (examples)

- Narcan
- Spinal Motion Restriction
- New Protocol Roll-outs
- Scope of Practice modules
- State and Local Quality Improvement measures



Individual Requirements (ICCR)

- NREMTs will identify what these requirements are based upon outcomes of a 100 question self-assessment guide (offered at no additional fee) on the NREMT website as part of the recertification submission process
- Represents 25% of the needed education
- No I/C required



The NCCP Model

Provider Level	National Requirements (NCR)	Local Requirements (LCR)	Individual Requirements (ICCR)	Total Hours**
Emergency Medical Responder	8	6	6	20
Emergency Medical Technician	20	18	18	40
Advanced EMT	25	17.5	17.5	50
Paramedic	30	18	18	60

** Total of hours may vary depending on agency accreditation (e.g., NREMT vs. NREMT-C, NREMT vs. NREMT-C, NREMT vs. NREMT-C)



Individual Requirements (ICCR)

- 25% of the total number of con-ed hours
 - EMR – 4 hours
 - EMT – 10 hours
 - AEMT – 12.5 hours
 - Paramedic – 15 hours




ICCR Self-Assessment Guide

- The assessment guide will help providers assess their knowledge and remediate any identified deficiencies (over four core content areas)
- The specific assessment guide results are provided only to the individual EMS provider




ICCR Self-Assessment Guide

- De-identified, aggregate data will be provided to Training Officers and no actions will be taken to restrict practice or certification of providers who need remediation
- If no deficiencies are indicated, the EMS provider may select any EMS-related education for their ICCR component.



Implementation Timeline

- 10/1/14**
 - Program launches
 - I/Cs MUST continue to teach "old" RTP model until 3/31/15
 - Candidates expiring 3/31/15 opt-in to the NCCP by taking Self-Assessment Guide
 - I/Cs, Training Officers plan education for upcoming 2-year cycle
- 4/1/15**
 - Instructors and Training Officers can begin teaching to the NCCP
 - Providers newly recertified can start new cycle utilizing NCCP
 - NCCP hours can be used toward "old" 72 hour requirement for Providers with 2016 expiration
- 10/1/15**
 - Candidates expiring 3/31/16 take Self-Assessment as part of renewal




Implementation Timeline

October 1, 2014


- Program launches
- I/Cs MUST continue to teach "old" RTP model until 3/31/15
- Candidates expiring 3/31/15 opt-in to the NCCP by taking Self-Assessment Guide (AEMT process under development)
- I/Cs, Training Officers plan education for upcoming 2-year cycle




Self-Assessment Guide



Self-Assessment Guide




Self-Assessment Guide



Implementation Timeline

April 1, 2015


- Instructors and Training Officers can begin teaching to the NCCP
- Providers newly recertified can start new cycle utilizing NCCP
- NCCP hours can be used toward "old" 72 hour requirement for Providers with 2016 expiration




Implementation Timeline

October 1, 2015

- Candidates expiring 3/31/16 opt-in to the NCCP by taking Self-Assessment Guide
- I/Cs, Training Officers plan education for upcoming 2-year cycle



Delivery Options



What kind of delivery options are available?

- I/Cs can continue to develop and deliver state-approved RTP courses for those students who do not opt-in to the NCCP

- NCCP participants can also utilize these traditional refresher courses to meet portions of NCCP requirements



What kind of delivery options are available?

- I/Cs can develop and deliver state-approved “bundled” RTP courses which include traditional RTP components, and integrating NCCP topics into existing structure

- Can be utilized by Traditional and NCCP students



What kind of delivery options are available?

- Training Officers or I/Cs can develop and deliver NCCP trainings, which will NOT be issued state course approvals, but will be accepted by the state and NREMT

- Used by NCCP students to meet specific topic areas

- Traditional students can utilize these topics as Con Ed or fit them into the “Refresher by Con Ed” model



What kind of delivery options are available?

- Providers can still gather their education from various sources, paying particular attention to meeting all of the topic area requirements



Accountability

- Provider is ultimately responsible for the documentation and recordkeeping of their educational requirements, regardless of which model they utilize
- NREMT randomly audits educational records used for renewal
- Providers must ensure that all topic areas have been attended with corresponding documentation



Accountability

- Secondary responsibility lies with the Unit Head, Training Officer, and Medical Director
- Approvals are granted by these individuals during renewal application vetting



The Competencies



National Requirements

Emergency Medical Technician	Paramedic
Airway, Respiration & Ventilation: 4 hours Ventilation: 3 hours <ul style="list-style-type: none"> Minute ventilation Effect on cardiac return Assisted Ventilation <ul style="list-style-type: none"> Assessment/when to vent <ul style="list-style-type: none"> Respiratory failure – recognition, etc. Adjuncts <ul style="list-style-type: none"> ATV Positioning (adult & pediatric) Suctioning 	Airway, Respiration & Ventilation: 4 hours Ventilation: 2 hours <ul style="list-style-type: none"> Assessment/when to vent Respiratory failure-recognition, etc. Positioning (adult & pediatric) Suctioning Minute Ventilation <ul style="list-style-type: none"> Effect on cardiac return Capnography: 1 hour (in-line, side stream, perfusing & non.) Airway Management: 1 hour (adult & pediatric) <ul style="list-style-type: none"> Intubation vs. supraglottic airway devices (adult only)
Oxygenation: 1 hour	



National Requirements

Emergency Medical Technician	Paramedic
Cardiovascular: 6 hours Post-resuscitation Care: 0.5 hour <ul style="list-style-type: none"> Recognition of ROSC Induced hypothermia Stroke: 1 hour <ul style="list-style-type: none"> Assessment (Stroke scale) Oxygen administration Time of onset (duration) Transport destination Cardiac Arrest: 0.5 hour <ul style="list-style-type: none"> Ventricular Assist Devices (VAD) Termination Decisions Cardiac Rate Disturbance (Ped): 1 hour <ul style="list-style-type: none"> Tachycardia Bradycardia Irregular pulse 	Cardiovascular: 10 hours Post-resuscitation Care: 2 hours <ul style="list-style-type: none"> Recognition of ROSC Hemodynamics Oxygenation Induced hypothermia Ventricular Assist Devices (VAD): 0.5 hour Stroke: 1.5 hours <ul style="list-style-type: none"> Assessment Oxygen administration Time of onset (duration) Transport destination Fibrinolytics (checklist) Cardiac Arrest: 2 hours <ul style="list-style-type: none"> Optimal chest compressions <ul style="list-style-type: none"> Depth, rate, recoil & pause Mechanical CPR devices



National Requirements

<p>Cardiovascular – continued</p> <p>Pediatric Cardiac Arrest: 2 hours</p> <ul style="list-style-type: none"> • Two-chamber recording technique • Ventilation/Compression ratios <ul style="list-style-type: none"> ◦ One and two rescuer CPR • AED <p>Chest Pain from Cardiovascular Cause (Adult): 1 hour</p> <ul style="list-style-type: none"> • Nitroglycerin administration • ASA administration • Oxygen administration • Transportation destination 	<p>Cardiovascular – continued</p> <p>Cardiac Arrest (cont.)</p> <ul style="list-style-type: none"> • Airway issues with cardiac arrest <ul style="list-style-type: none"> ◦ Halting CPR to intubate ◦ Hyperinflation ◦ Supraglottic vs. ET vs. BVM • Chain of Survival • Termination Decisions (Adult & Pediatric) <ul style="list-style-type: none"> ◦ Criteria <ul style="list-style-type: none"> ▪ NASMSP/AHA Position ▪ ETCO₂ changes during arrest and ROSC <p>Competitive Heart Failure: 0.5 hour</p> <ul style="list-style-type: none"> • Recognition • Treatment <p>Pediatric Cardiac Arrest: 2.5 hours</p> <ul style="list-style-type: none"> • Optimal chest compressions • Techniques • Ventilation/Compression ratios <ul style="list-style-type: none"> ◦ One and two rescuer CPR <p>Unique Causes of Pediatric Cardiac Arrest: 1 hour</p> <ul style="list-style-type: none"> • (e.g.) HOCM • Coronary anomalies • Long QT • AHA Channelopathy <p>ACLS: 1 hour</p> <ul style="list-style-type: none"> • 12 Lead Review • STEMI implications • Oxygen administration • Transportation destination (systems of care)
---	---



National Requirements

<p>Trauma: 2 hours</p> <p>CNS Injury: 0.5 hour</p> <ul style="list-style-type: none"> • Sports injuries <ul style="list-style-type: none"> ◦ Concussion <p>Tourniquets: 0.5 hour</p>	<p>Trauma: 4 hours</p> <p>CNS Injury: 2 hours</p> <ul style="list-style-type: none"> • Sports injuries <ul style="list-style-type: none"> ◦ Concussion ◦ Helmet considerations • ETCO₂ monitoring
<p>Trauma – continued</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) 	<p>Trauma – continued</p> <p>Tourniquets: 0.5 hour</p> <p>Field Triage: 1 hour</p> <ul style="list-style-type: none"> • CDC Trauma Triage • MCI (MUCC/SALT) <p>Fluid Resuscitation (phys/over-loading): 0.5 hour</p>



National Requirements

<p>Medical: 6 hours</p> <p>Special Healthcare Needs: 1 hour</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ◦ (Feeding tubes, VP shunts, etc.) ◦ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Sectioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Psychiatric Emergencies: 2 hour</p> <ul style="list-style-type: none"> • Patient restraint • Excited delirium • Depressed/paradoxic <p>Toxicological Emergencies: 0.5 hour</p> <ul style="list-style-type: none"> • Synthetic stimulants • THC (paradoxical/synthetic) <p>Endocrine: 1 hour</p> <ul style="list-style-type: none"> • Medication pumps • Glucometer awareness • Diabetes • Metabolic syndrome <p>Immunological Diseases: 2 hour</p> <ul style="list-style-type: none"> • Allergic reaction • Anaphylaxis 	<p>Medical: 7 hours</p> <p>Special Healthcare Needs: 2 hours</p> <ul style="list-style-type: none"> • Tracheostomy care • Dialysis shunts • How to deal with patient and equipment <ul style="list-style-type: none"> ◦ (Feeding tubes, VP shunts, etc.) ◦ Cognitive issues <p>OB Emergency: 1 hour</p> <ul style="list-style-type: none"> • Sectioning of the neonate • Neonatal resuscitation • Abnormal presentation • Nuchal cord <p>Communicable Diseases: 1 hour</p> <ul style="list-style-type: none"> • Hygiene (hand-washing, etc.) • Vaccines (CDC recommendations) • MMR/Influenza <ul style="list-style-type: none"> ◦ Public Health – pandemics, reporting, etc. ◦ Appropriate precautions • SIRS vs. sepsis vs. septic shock • Fluid resuscitation <p>Medication Delivery: 1 hour</p> <ul style="list-style-type: none"> • IM vs. SC (e.g., ep) • Absorption / Effect <p>Pain Management: 1 hour</p> <ul style="list-style-type: none"> • NASMSP pain management • AAP pediatric pain management
---	--



National Requirements

Medical – continued

Communicable Diseases: 0.5 hour

- Appropriate precautions
- Hygiene (hand washing, etc.)
- Vaccines (CDC recommendations)
- MRSA/Influenza
- Public Health – pandemics, reporting, etc.

Medical – continued

Psychiatric Emergencies: 1 hour

- Patient restraint
- Excited delirium
- Depression / suicide
- Toxicological emergencies



National Requirements

Operations: 2 hours

At-Risk Populations: 0.5 hour

- Human trafficking (see DHS Presentation)
- Pediatric
- Geriatric
- Economically disadvantaged
- Domestic violence

Pediatric Transport (NHTSA): 0.5 hour

Affective: 0.5 hour

- Professionalism
- Cultural competency
- Changing demographics

Role of Research: 0.5 hour

Operations: 2 hours

At-Risk Populations: 0.5 hour

- Human trafficking (see DHS Presentation)
- Pediatric
- Geriatric
- Economically disadvantaged
- Domestic violence
- LGBT

Pediatric Transport (NHTSA): 0.25 hour

Culture of Safety: 0.5 hour

- Adverse event reporting
- Medication safety

Affective: 0.25 hour

- Professionalism
- Cultural competency
 - Changing demographics

Crew Resource Management: 0.25 hour

Role of Research: 0.25 hour



How to achieve competencies

- Traditional didactic lectures
- Scenario-based training
- Simulation
- Standardized courses (CPR, ACLS, PALS, PHTLS, PEPP, etc.)
- In-service training
- Case reviews
- Conferences
- College courses (relevant to EMS)



Developing EMS Lesson Plans (NAEMSE)

Objectives

- What you expect the student to be able to do as a result of the lesson

Standards

- Which content and development standards are to be addressed in the lesson



Developing EMS Lesson Plans (NAEMSE)

Instructional input/procedures

- What the instructor will do to get the students involved in the learning. (lecture, demonstrations, modeling, video, simulations, scenarios, group exercises)

Materials/special equipment

- What will you need and how do you get it



Developing EMS Lesson Plans (NAEMSE)

Guided practice

- How will students practice new skills, apply new knowledge

Assessment opportunities

- What the instructor will do to see if the lesson has been taught effectively (evaluations — formal and informal, formative and summative)



Developing EMS Lesson Plans (NAEMSE)

- **Independent practice**
 - Open lab time, homework assignments, group projects
- **Time estimates for lectures, skills, etc.**
- **Scheduling for alternative educational setting (simulation lab, autopsy, clinical and field settings etc.)**



Developing EMS Lesson Plans (NAEMSE)

- **Modifications or accommodations: Are there students with special needs in the class and how will you support them**



Developing EMS Lesson Plans (NAEMSE)

- http://writing.colostate.edu/guides/teaching/lesson_plans/index.cfm
- http://www.crlt.umich.edu/gsis/p2_5
- <http://ideaedu.org/sites/default/files/Idea Paper 42.pdf>
- http://www.educationoasis.com/instruction/bt/five_common_mistakes.htm



Developing EMS Lesson Plans

- **NREMT Education Guides**
 - EMT – 74 page document available for download
 - Paramedic – 96 page document available for download
- **Licensed EMS I/Cs can continue to be utilized as a resource for course development and delivery**
- **Contact Information Releases**



Summary

- **Optional Pilot Program**
- **Must opt in by taking Self-Assessment Guide during renewal process**
- **Reduces total number of hours needed**
 - 16, 40, 50, 60
- **3 Sections**
 - National, Local, Individual



Summary

- **Favors competencies over hours**
- **Flexibility in delivery**
- **No mandatory state approval or I/C**



